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# **State of Washington**

## **Behavioral Risk Factor Surveillance System Questionnaire 2002**

**Washington State Department of Health  
Center for Health Statistics  
and  
Centers for Disease Control and Prevention  
National Center for Chronic Disease Prevention and Health Promotion  
Office of Adult and Community Health  
Behavioral Surveillance Branch**

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# Washington State Department of Health Behavioral Risk Factor Surveillance System 2002 Questionnaire

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## Introduction

**HELLO, I'm \_\_\_\_\_ (name) \_\_\_\_\_ calling for the Washington State Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Washington residents to guide state health policies. Your phone number has been chosen scientifically, and we'd like to ask some questions about health and safety practices that may affect your health.**

**Is this \_\_\_\_\_ (phone number) \_\_\_\_\_ ? If "no" Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. Stop**

**Is this a private residence in Washington State?  
If "no" Thank you very much, but we are only interviewing private residences. Stop**

**We need to scientifically select one adult who lives in your household to be interviewed. In order to make this selection, can you please tell me how many members of your household, including yourself, are 18 years of age or older?**

**Number of Adults \_\_\_\_\_ ( - )**

**IF NEEDED, SAY: For this study, households are first scientifically selected in the state, and then one adult is selected in each household to be interviewed. It is important to the accuracy of the study that those selected for the study participate, because this is what ensures that the results will represent the state as a whole.**

**If "1" Are you the adult?**

**If "yes" Then you are the person I need to speak with. Enter 1 man or 1 women below (Ask gender if necessary). Go to "All Respondents."**

**If "no" Is the adult a man or a woman? Enter 1 man or 1 women below. May I speak with [fill in (him/her) from previous question]? Go to "Correct Respondent."**

**If more than one, ask "How many of these adults are men and how many are women?"**

**\_\_\_\_\_ Number of men**

**\_\_\_\_\_ Number of women**

**[SUM MUST EQUAL NUMBER OF ADULTS IN HOUSEHOLD]**

[CATI system chooses one adult by random selection process]

The person in your household that I need to speak with is \_\_\_\_\_. If "you," go to "All Respondents"

To correct respondent:

HELLO, I'm (name) calling for the Washington State Department of Health and the Centers for Disease Control and Prevention. We're gathering information on the health practices of Washington residents to guide state health policies. You have been chosen scientifically to be interviewed, and we'd like to ask some questions about health and safety practices of Washington residents.

All Respondents:

The interview may be monitored for quality assurance, but all information obtained in this study will be confidential. We do not ask for your name, address, or other personal information that identifies you. Some of the questions might not apply to you or your life. You don't have to answer any question you don't want to, you can end the interview at any time. The interview usually takes between 15 to 20 minutes. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

IF NEEDED:

- If you have any questions about this study, you can call the study director at the Washington State Department of Health, Katrina Simmons. You can call her toll-free at 1-866-871-5405.
- Your phone number will be erased from the data after we finish all the interviews at the end of the year.

If Respondent refuses, ask:

It would *really* help us with future studies to know the reasons why people choose not to participate. Would you be willing to tell me your reasons?

[WHY1]

- |    |                     |
|----|---------------------|
| 01 | Record comments     |
| 98 | Don't know/Not sure |
| 99 | Refused             |

<<TIME: Introduction>>

*This page is intentionally blank.*



## Section 1: Health Status

1.1. Would you say that in general your health is: (72)

Please Read

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

or

- 5 Poor

Do not read

- 7 Don't know/Not sure
- 9 Refused

## Section 2: Health Care Access

2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (73)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

2.2. Do you have one person you think of as your personal doctor or health care provider? If "no," ask "Is there more than one or is there no person ;who you think of?" (74)

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know/Not sure
- 9 Refused

**2.3 When you are sick or need advice about your health, to which one of the following places do you usually go? (75)****Would you say: [Please read]**

- 1 A doctor's office**
- 2 A public health clinic or community health center**
- 3 A hospital outpatient department**
- 4 A hospital emergency room**
- 5 Urgent care center**
- 6 Some other kind of place**
- 8 No usual place**

**Do not read.**

- 7 Don't know**
- 9 Refused**

**2.4 Was there a time in the past 12 months when you needed medical care, but could not get it? (76)**

- 1 Yes Go to 2.5**
- 2 No Go to next section**
- 7 Don't know Go to next section**
- 9 Refused Go to next section**

**2.5 What is the main reason you did not get medical care? (77-78)****Note: if more than one instance ask about the most recent.****Would you say: Please read**

- 01 Cost [Include no insurance]**
- 02 Distance**
- 03 Office wasn't open when I could get there.**
- 04 Too long a wait for an appointment**
- 05 Too long a wait in waiting room**
- 06 No child care**
- 07 No transportation**
- 08 No access for people with disabilities**
- 09 The medical provider didn't speak my language.**
- 10 Other**

**Do not read.**

- 77 Don't know/ Not sure**
- 99 Refused**



### Section 3: Exercise

- 3.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (79)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

### Section 4: Fruits and Vegetables

**These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.**

- 4.1. How often do you drink fruit juices such as orange, grapefruit, or tomato? (80-82)**

- 1 \_ \_ Per day**
- 2 \_ \_ Per week**
- 3 \_ \_ Per month**
- 4 \_ \_ Per year**
- 5 5 5 Never**
- 7 7 7 Don't know/Not sure**
- 9 9 9 Refused**

- 4.2. Not counting juice, how often do you eat fruit? (83-85)**

- 1 \_ \_ Per day**
- 2 \_ \_ Per week**
- 3 \_ \_ Per month**
- 4 \_ \_ Per year**
- 5 5 5 Never**
- 7 7 7 Don't know/Not sure**
- 9 9 9 Refused**

**4.3. How often do you eat green salad?****(86-88)**

- 1   \_\_ \_\_   Per day**
- 2   \_\_ \_\_   Per week**
- 3   \_\_ \_\_   Per month**
- 4   \_\_ \_\_   Per year**
- 5   5   5   Never**
- 7   7   7   Don't know/Not sure**
- 9   9   9   Refused**

**4.4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips?****(89-91)**

- 1   \_\_ \_\_   Per day**
- 2   \_\_ \_\_   Per week**
- 3   \_\_ \_\_   Per month**
- 4   \_\_ \_\_   Per year**
- 5   5   5   Never**
- 7   7   7   Don't know/Not sure**
- 9   9   9   Refused**

**4.5. How often do you eat carrots?****(92-94)**

- 1   \_\_ \_\_   Per day**
- 2   \_\_ \_\_   Per week**
- 3   \_\_ \_\_   Per month**
- 4   \_\_ \_\_   Per year**
- 5   5   5   Never**
- 7   7   7   Don't know/Not sure**
- 9   9   9   Refused**

**4.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? Example: A serving of vegetables at both lunch and dinner would be two servings (95-97)**

- 1   \_\_ \_\_   Per day**
- 2   \_\_ \_\_   Per week**
- 3   \_\_ \_\_   Per month**
- 4   \_\_ \_\_   Per year**
- 5   5   5   Never**
- 7   7   7   Don't know/Not sure**
- 9   9   9   Refused**

## Section 5: Asthma

**5.1. Have you ever been told by a doctor or other health professional that you had asthma?** (98)

- 1 Yes**
- 2 No Go to Q6.1**
- 7 Don't know/Not sure Go to Q6.1**
- 9 Refused Go to Q6.1**

**5.2. Do you still have asthma?** (99)

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

## Section 6: Diabetes

**6.1. Have you ever been told by a doctor that you have diabetes? [If "Yes" and female, ask "Was this only when you were pregnant?"]** (100)

- 1 Yes**
- 2 Yes, but female told only during pregnancy**
- 3 No**
- 7 Don't know/Not sure**
- 9 Refused**

<b>To be asked following core Q6.1 if response is "yes"</b>
---

**6.2. How old were you when you were told you have diabetes?** (193-194)

- \_\_ \_\_ Code age in years [97 = 97 and older]**
- 9 8 Don't know/Not sure**
- 9 9 Refused**

**6.3. Are you now taking insulin? (195)**

- 1 Yes**
- 2 No**
- 9 Refused**

**6.4. Are you now taking diabetes pills? (196)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**6.5. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (197-199)**

- 1 \_ \_ Times per day**
- 2 \_ \_ Times per week**
- 3 \_ \_ Times per month**
- 4 \_ \_ Times per year**
- 8 8 8 Never**
- 7 7 7 Don't know/Not sure**
- 9 9 9 Refused**

**6.6. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (200-202)**

- 1 \_ \_ Times per day**
- 2 \_ \_ Times per week**
- 3 \_ \_ Times per month**
- 4 \_ \_ Times per year**
- 8 8 8 Never**
- 5 5 5 No feet**
- 7 7 7 Don't know/Not sure**
- 9 9 9 Refused**

**6.7. Have you ever had any sores or irritations on your feet that took more than four weeks to heal? (203)**

- |          |                            |
|----------|----------------------------|
| <b>1</b> | <b>Yes</b>                 |
| <b>2</b> | <b>No</b>                  |
| <b>7</b> | <b>Don't know/Not sure</b> |
| <b>9</b> | <b>Refused</b>             |

**6.8. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (204-205)**

- |            |  |
|------------|--|
| <b>— —</b> | <b>Number of times [76 = 76 or more]</b> |
| <b>8 8</b> | <b>None</b>                              |
| <b>7 7</b> | <b>Don't know/Not sure</b>               |
| <b>9 9</b> | <b>Refused</b>                           |

**6.9. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (206-207)**

- |            |   |
|------------|---|
| <b>— —</b> | <b>Number of times [76 = 76 or more]</b>        |
| <b>8 8</b> | <b>None</b>                                     |
| <b>9 8</b> | <b>Never heard of hemoglobin "A one C" test</b> |
| <b>7 7</b> | <b>Don't know/Not sure</b>                      |
| <b>9 9</b> | <b>Refused</b>                                  |

**If "no feet" to Q5, go to Q10**

**6.10. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (208-209)**

- |            |  |
|------------|--|
| <b>— —</b> | <b>Number of times [76 = 76 or more]</b> |
| <b>8 8</b> | <b>None</b>                              |
| <b>7 7</b> | <b>Don't know/Not sure</b>               |
| <b>9 9</b> | <b>Refused</b>                           |

**6.11. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (210)**

**Read Only if Necessary**

- 1 Within the past month (anytime less than 1 month ago)**
- 2 Within the past year (1 month but less than 12 months ago)**
- 3 Within the past 2 years (1 year but less than 2 years ago)**
- 4 2 or more years ago**
- 8 Never**
- 7 Don't know/Not sure**
- 9 Refused**

**6.12. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (211)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**6.13. Have you ever taken a course or class in how to manage your diabetes yourself? (212)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**Section 7: Oral Health**

**7.1. How long has it been since you last visited a dentist or a dental clinic for any reason? [Include visits to dental specialists, such as orthodontists ] (101)**

**Read Only if Necessary**

- 1 Within the past year (anytime less than 12 months ago)**
- 2 Within the past 2 years (1 year but less than 2 years ago)**
- 3 Within the past 5 years (2 years but less than 5 years ago)**
- 4 5 or more years ago**
- 7 Don't know/Not sure**
- 8 Never**
- 9 Refused**

**7.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics. [Include teeth lost due to “infection”]** (102)

- 1 1 to 5**
- 2 6 or more but not all**
- 3 All**
- 8 None**
- 7 Don’t know/Not sure**
- 9 Refused**

**IF Q7.1 = 8 (NEVER) OR Q7.2 = 3 (ALL), GO TO Q7.4**

**7.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?(103)**

**Read Only if Necessary**

- 1 Within the past year (anytime less than 12 months ago)**
- 2 Within the past 2 years (1 year but less than 2 years ago)**
- 3 Within the past 5 years (2 years but less than 5 years ago)**
- 4 5 or more years ago**
- 7 Don’t know/Not sure**
- 8 Never**
- 9 Refused**

**Oral Health Question (Washington State)**

**7.4. The last time you visited a health care provider for dental services, where did you go? Did you go to a . . .**

**Please Read**

- 1 Private dentist**
- 2 Public health Center Clinic**
- 3 Community or Migrant Clinic**
- 4 Indian Health Service Clinic**
- 5 Some other place [Specify: \_\_\_\_\_ ]**
- Do not read these responses**
- 7 Don’t know/Not sure**
- 9 Refused**

**Section 8: Immunization**

**8.1. During the past 12 months, have you had a flu shot? (104)**

- 1 Yes**
- 2 No Go to Q8.3**
- 7 Don't know/Not sure Go to Q8.3**
- 9 Refused Go to Q8.3**

**8.2. At what kind of place did you get your last flu shot? (105-106)**

**Would you say: [READ ONLY IF NECESSARY]**

- 01 A doctor's office or health maintenance organization**
- 02 A health department**
- 03 Another type of clinic or health center**  
**[Example: a community health center]**
- 04 A senior, recreation, or community center**
- 05 A store [Examples: supermarket, drug store]**
- 06 A hospital or emergency room**
- 07 Workplace**
- or**
- 08 Some other kind of place**
- 77 Don't know**
- 99 Refused**

**8.3. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (107)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**Section 9: Tobacco Use**

**9.1. Have you smoked at least 100 cigarettes in your entire life? [5 packs = 100 cigarettes] (108)**

- 1 Yes**
- 2 No Go to Q10.1**
- 7 Don't know/Not sure Go to Q10.1**



**9 Refused Go to Q10.1**

**9.2. Do you now smoke cigarettes every day, some days, or not at all? (109)**

- 1 Every day  
2 Some days  
3 Not at all Go to Q10.1  
9 Refused Go to Q10.1

**9.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?**

- 1      **Yes**  
2      **No**  
7      **Don't know/Not sure**  
9      **Refused**

## Section 10: Alcohol Consumption

**10.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how often have you had at least one drink of any alcoholic beverage? (111-113)**

- 1 \_\_ Days per week  
2 \_\_ Days in past 30  
8 8 8 No drinks in past 30 days Go to Q11.1  
7 7 7 Don't know/Not sure  
9 9 9 Refused Go to 11.1

**10.2. On the days when you drank, about how many drinks did you drink on the average?(114-115)**

- |          |          |                     |
|----------|----------|---------------------|
| <u>7</u> | <u>7</u> | Number of drinks    |
| <u>9</u> | <u>9</u> | Don't know/Not sure |
|          |          | Refused             |

**10.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? (116-117)**

- |   |   |                     |
|---|---|---------------------|
| — | — | Number of times     |
| 8 | 8 | None                |
| 7 | 7 | Don't know/Not sure |

**9 9 Refused**

**10.4 During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (118-119)**

- — Number of times  
 88 None  
 77 Don't know/Not sure  
 99 Refused

**Section 11: Use of Seatbelts**

**11.1 How often do you use seatbelts when you drive or ride in a car? (120)**

- 1 Always  
 2 Nearly always  
 3 Sometimes  
 4 Seldom  
 5 Never

**Do not read**

- 7 Don't know/Not sure  
 8 Never drive or ride in a car  
 9 Refused

**Section 12: Demographics**

**12.1a. What is your age? (121-122)**

- — Code age in years Go to Q12.2  
 0 7 Don't know/Not sure Go to Q12.2  
 0 9 Refused Ask Q12.1b

**12.1b In which of these age categories do you belong? ( - )**

- 21 18 to 24  
 30 25 to 34  
 40 35 to 44  
 50 45 to 54  
 60 55 to 65  
 70 65 to 74  
 80 75 or older  
 09 Refused

**12.2. Are you Hispanic or Latino? (123)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**12.3. Which one or more of the following would you say is your race? [Mark all that apply. If more than 5, type into 6, "Other" ]**  
**IF "HISPANIC," PROBE: "Are you White-Hispanic, Black-Hispanic, Asian-Hispanic, Native Hawaiian and Hispanic, Other Pacific Islander and Hispanic, American Indian and Hispanic, Alaska Native and Hispanic or some other race and Hispanic?"** (124-129)

**Please Read**

- 1 White**
- 2 Black or African American**
- 3 Asian**
- 4 Native Hawaiian or Other Pacific Islander**
- 5 American Indian, Alaska Native**
- or**
- 6 Other [Specify \_\_\_\_\_]**
- 8 No additional choices**  
**Do not read**
- 7 Don't know/Not sure**
- 9 Refused**

**If more than one response to Q12.3, continue. Otherwise, go to Q12.5**

**12.4. Which one of these groups would you say best represents your race? (130)**

- 1 White**
- 2 Black or African American**
- 3 Asian**
- 4 Native Hawaiian or Other Pacific Islander**
- 5 American Indian, Alaska Native**
- 6 Other [specify] \_\_\_\_\_**
- 7 Don't know/Not sure**
- 9 Refused**

**12.5. Are you: (131)****Please Read**

- 1 Married**
- 2 Divorced**
- 3 Widowed**
- 4 Separated**
- 5 Never married or**
- 6 A member of an unmarried couple**

**Do not read**

- 9 Refused**

**12.6. How many children less than 18 years of age live in your household ? (132-133)**

— — Number of children

**8 8 None**

**9 9 Refused**

**How many children live in your household who are . . . [Code number of children 1-6, 7 = 7 or more, 8 = None, 9 = Refused]**

**Please Read:**

- 12.7 — Less than 1 year old?**
- 12.8 — One through 4 years old?**
- 12.9 — 5 through 12 years old?**
- 12.10 — 13 through 17 years old?**

**12.11. What is the highest grade or year of school you completed? (134)****READ ONLY IF NECESSARY**

- 1 Never attended school or only attended kindergarten**
- 2 Grades 1 through 8 (Elementary)**
- 3 Grades 9 through 11 (Some high school)**
- 4 Grade 12 or GED (High school graduate)**
- 5 College 1 year to 3 years (Some college or technical school)**
- 6 College 4 years or more (College graduate)**
- 9 Refused**

**12.12. Are you currently:** (135)

**PLEASE READ**

- 1      Employed for wages**
- 2      Self-employed**
- 3      Out of work for more than 1 year**
- 4      Out of work for less than 1 year**
- 5      A Homemaker**
- 6      A Student**
- 7      Retired, or**
- 8      Unable to work**
- Do not read**
- 9      Refused**

**12.13 What kind of business or industry do you work in?**

( )

[Record answer] \_\_\_\_\_

**99      Refused**

**12.14 What is your job title? If no job title, ask "What kind of work do you do?"** ( )

[Record answer] \_\_\_\_\_

**88      Owner, Proprietor or Self-employed**

**99      Refused**

**12.15. Is your annual household income from all sources:** (136-137)

**If respondent refuses at any level, code "refused."**

**Read as Appropriate**

- 04      Less than \$25,000 If "no," ask 05; if "yes," ask 03**  
**(\$20,000 to less than \$25,000)**
- 03      Less than \$20,000 If "no," code 04; if "yes," ask 02**  
**(\$15,000 to less than \$20,000)**
- 02      Less than \$15,000 If "no," code 03; if "yes," ask 01**  
**(\$10,000 to less than \$15,000)**
- 01      Less than \$10,000 If "no," code 02**

- 05 Less than \$35,000 If "no," ask 06  
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 If "no," ask 07  
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 If "no," code 08  
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more
- Do not read
- 77 Don't know/Not sure
- 99 Refused

12.16. About how much do you weigh without shoes?

(138-140)

— — — Weight [Round fractions UP ↑]  
pounds  
7 7 7 Don't know/Not sure  
9 9 9 Refused

12.17. About how tall are you without shoes?

(141-143)

— / — — Height [Round fractions DOWN ↓]  
ft/inches  
7 7 7 Don't know/Not sure  
9 9 9 Refused

12.18. What county do you live in?

(144-146)

001 Adams	027 Grays Harbor	053 Pierce
003 Asotin	029 Island	055 San Juan
005 Benton	031 Jefferson	057 Skagit
007 Chelan	033 King	059 Skamania
009 Clallam	035 Kitsap	061 Snohomish
011 Clark	037 Kittitas	063 Spokane
013 Columbia	039 Klickitat	065 Stevens
015 Cowlitz	041 Lewis	067 Thurston
017 Douglas	043 Lincoln	069 Wahkiakum
019 Ferry	045 Mason	071 Walla Walla
021 Franklin	047 Okanogan	073 Whatcom
023 Garfield	049 Pacific	075 Whitman
025 Grant	051 Pend Oreille	077 Yakima

—	—	—		FIPS county code
7	7	7		Don't know/not sure
9	9	9		Refused

**12.19. What is your ZIP code? IF NEEDED SAY: I mean the ZIP code of your residence, that is, where you live.** ( )

9	—	—	—	—	
9	9	9	9	9	Don't know/Refused

**12.20. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.** (147)

1	Yes
2	No Go to Q12.22
7	Don't know/Not sure Go to Q12.22
9	Refused Go to Q12.22

**12.21. How many of these are residential numbers?** (148)

—	Residential telephone numbers [6=6 or more]
7	Don't know/Not sure
9	Refused

**12.22. Indicate sex of respondent. Ask only if necessary** (149)

1	Male Go to Q13.1
2	Female

**If respondent 45 years old or older, go to Q13.1.**

**12.23. To your knowledge, are you now pregnant?** (150)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

**Section 13: Family Planning****If respondent is female and 45 years of age or older, or pregnant , or male 60 years or older,  
Go to next section.**

Questions are asked of females 18-44 years of age and males 18-59 years of age

The next few questions ask about pregnancy and ways to prevent pregnancy.

- 13.1. Are you or your [if female, insert husband/partner; if male, insert wife/partner] doing anything now to keep [if female, insert “you”; insert “her” if male] from getting pregnant? Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, Norplant, shots or Depo-provera, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.**

**(If multiple partners, consider usual method.)**

**(151)**

- 1      Yes**
- 2      No   Go to Q13.4**
- 3      No partner/not sexually active   Go to 14.1**
- 4      Same sex partner   Go to 14.1**
- 7      Don't know/Not sure   Go to 14.1**
- 9      Refused   Go to 14.1**



- 13.2. What are you or your [if female, insert husband/partner; if male, insert wife/partner] doing now to keep [if female, insert “you”; insert “her” if male] from getting pregnant? (152-153)**  
**(INTERVIEWER: Record respondent's condition if both have had sterilization procedures)**

**Read Only if Necessary**

- |           |   |                   |
|-----------|---|-------------------|
| <b>01</b> | <b>Tubes tied (sterilization)</b>               | <b>Go to 14.1</b> |
| <b>02</b> | <b>Vasectomy (sterilization)</b>                | <b>Go to 14.1</b> |
| <b>03</b> | <b>Pill</b>                                     |                   |
| <b>04</b> | <b>Condoms</b>                                  |                   |
| <b>05</b> | <b>Foam, jelly, cream</b>                       |                   |
| <b>06</b> | <b>Diaphragm</b>                                |                   |
| <b>07</b> | <b>Norplant</b>                                 |                   |
| <b>08</b> | <b>IUD</b>                                      |                   |
| <b>09</b> | <b>Shots (Depo-Provera)</b>                     |                   |
| <b>10</b> | <b>Withdrawal</b>                               |                   |
| <b>11</b> | <b>Not having sex at certain times (rhythm)</b> |                   |
| <b>12</b> | <b>No partner/Not sexually active</b>           | <b>Go to 14.1</b> |
| <b>13</b> | <b>Other method(s)</b>                          |                   |
| <b>77</b> | <b>Don't know/not sure</b>                      | <b>Go to 14.1</b> |
| <b>99</b> | <b>Refused</b>                                  | <b>Go to 14.1</b> |

- 13.3. What other method are you also using to prevent pregnancy? (154-155)**

**Read only if necessary**

- |           |   |                   |
|-----------|---|-------------------|
| <b>01</b> | <b>Tubes tied (sterilization)</b>               | <b>Go to 14.1</b> |
| <b>02</b> | <b>Vasectomy (sterilization)</b>                | <b>Go to 14.1</b> |
| <b>03</b> | <b>Pill</b>                                     | <b>Go to 14.1</b> |
| <b>04</b> | <b>Condoms</b>                                  | <b>Go to 14.1</b> |
| <b>05</b> | <b>Foam, jelly, cream</b>                       | <b>Go to 14.1</b> |
| <b>06</b> | <b>Diaphragm</b>                                | <b>Go to 14.1</b> |
| <b>07</b> | <b>Norplant</b>                                 | <b>Go to 14.1</b> |
| <b>08</b> | <b>IUD</b>                                      | <b>Go to 14.1</b> |
| <b>09</b> | <b>Shots (Depo-Provera)</b>                     | <b>Go to 14.1</b> |
| <b>10</b> | <b>Withdrawal</b>                               | <b>Go to 14.1</b> |
| <b>11</b> | <b>Not having sex at certain times (rhythm)</b> | <b>Go to 14.1</b> |
| <b>12</b> | <b>No partner/Not sexually active</b>           | <b>Go to 14.1</b> |
| <b>13</b> | <b>Other methods(s)</b>                         | <b>Go to 14.1</b> |
| <b>87</b> | <b>NO other method(s)</b>                       | <b>Go to 14.1</b> |
| <b>77</b> | <b>Don't know/not sure</b>                      | <b>Go to 14.1</b> |
| <b>99</b> | <b>Refused</b>                                  | <b>Go to 14.1</b> |

- 13.4. [FEMALES] What is your main reason for not doing anything to keep you from getting pregnant?**  
**[MALES] What is your main reason for not doing anything to keep your partner from getting pregnant?**

**(156-157)****Read Only if Necessary**

- 01 Not sexually active/no partner**
- 02 Didn't think was going to have sex/no regular partner**
- 03 You want a pregnancy**
- 04 You or your partner don't want to use birth control**
- 05 You or your partner don't like birth control/fear side effects**
- 06 You can't pay for birth control**
- 07 Lapse in use of a method**
- 08 Don't think you or your partner can get pregnant**
- 09 You or your partner had tubes tied (sterilization)**
- 10 You or your partner had a vasectomy (sterilization)**
- 11 You or your partner had a hysterectomy**
- 12 You or your partner are too old**
- 13 You or your partner are currently breast-feeding**
- 14 You or your partner just had a baby/postpartum**
- 15 Other reason**
- 16 Don't care if get pregnant**
- 17 Same sex partner**
- 18 Partner is pregnant now**
- Do not read**
- 77 Don't know/not sure**
- 99 Refused**

**If respondent is male, go to next section.****Section 14: Women's Health**

- 14.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?** **(158)**

- 1 Yes**
- 2 No Go to Q14.3**
- 7 Don't know/Not sure Go to Q14.3**
- 9 Refused Go to Q14.3**

**14.2. How long has it been since you had your last mammogram? (159)**

**Read only if Necessary**

- 1 Within the past year (anytime less than 12 months ago)**
- 2 Within the past 2 years (1 year but less than 2 years ago)**
- 3 Within the past 3 years (2 years but less than 3 years ago)**
- 4 Within the past 5 years (3 years but less 5 years ago)**
- 5 5 or more years ago**
- 7 Don't know/Not sure**
- 9 Refused**

**14.3. A clinical breast exam is when a doctor or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (160)**

- 1 Yes**
- 2 No Go to Q14.5**
- 7 Don't know/Not sure Go to Q14.5**
- 9 Refused Go to Q14.5**

**14.4. How long has it been since your last breast exam? (161)**

**Read Only if Necessary**

- 1 Within the past year (anytime less than 12 months ago)**
- 2 Within the past 2 years (1 year but less than 2 years ago)**
- 3 Within the past 3 years (2 years but less than 3 years ago)**
- 4 Within the past 5 years (3 years but less than 5 years ago)**
- 5 5 or more years ago**
- 7 Don't know/Not sure**
- 9 Refused**

**14.5. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (162)**

- 1 Yes**
- 2 No Go to Q14.7**
- 7 Don't know/Not sure Go to Q14.7**
- 9 Refused Go to Q14.7**

**14.6. How long has it been since you had your last Pap smear? (163)****Read Only if Necessary**

- 1 Within the past year (anytime less than 12 months ago)**
- 2 Within the past 2 years (1 year but less than 2 years ago)**
- 3 Within the past 3 years (2 years but less than 3 years ago)**
- 4 Within the past 5 years (3 years but less than 5 years ago)**
- 5 5 or more years ago**
- 7 Don't know/Not sure**
- 9 Refused**

**If response to Q 13.4 is 11 (had hysterectomy) or Q 12.16 is 1 (is pregnant) then go to next section.**

**14.7. Have you had a hysterectomy? [A HYSTERECTOMY is an operation to remove the uterus (womb).] (164)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**Section 15: Prostate Cancer Screening**

**If respondent is 39 years old or younger, or is female, go to Q16.1**

**15.1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (165)**

- 1 Yes**
- 2 No Go to Q15.3**
- 7 Don't Know/not Sure Go to Q15.3**
- 9 Refused Go to Q15.3**

**15.2. How long has it been since you had your last PSA test? (166)****Read Only if Necessary**

- 1 Within the past year (anytime less than 12 months ago)**
- 2 Within the past 2 years (1 year but less than 2 years)**
- 3 Within the past 3 years (2 years but less than 3 years)**
- 4 Within the past 5 years (3 years but less than 5 years)**
- 5 5 or more years ago**

**Do Not Read**

- 7 Don't know
- 9 Refused

**15.3. A digital rectal exam is an exam in which a doctor or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (167)**

- 1 Yes
- 2 No Go to Q15.5
- 7 Don't know/Not sure Go to Q15.5
- 9 Refused Go to Q15.5

**15.4. How long has it been since your last digital rectal exam? (168)**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

**15.5. Have you ever been told by a doctor or other health professional that you had prostate cancer? (169)**

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

#### **Section 16: Colorectal Cancer Screening (CDC Questions)**

**If respondent 49 years old or younger, go to next section**

**16.1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (170)**

- 1 Yes
- 2 No Go to Q16.3
- 7 Don't know/Not sure Go to Q16.3
- 9 Refused Go to Q16.3

**16.2. How long has it been since you had your last blood stool test using a home kit? (171)****Read Only if Necessary**

- 1 Within the past year (anytime less than 12 months ago)**
- 2 Within the past 2 years (1 year but less than 2 years ago)**
- 3 Within the past 5 years (2 years but less than 5 years ago)**
- 4 5 or more years ago**

**Do not read**

- 7 Don't know/Not sure**
- 9 Refused**

**16.3. Sigmoidoscopy [sig-moid-OS-c'py] and colonoscopy [co-lon-OS-c'py] are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (172)**

- 1 Yes**
- 2 No Go to 17.1**
- 7 Don't know/Not sure Go to 17.1**
- 9 Refused Go to 17.1**

**16.4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (173)****Read Only if Necessary**

- 1 Within the past year (anytime less than 12 months ago)**
- 2 Within the past 2 years (1 year but less than 2 years ago)**
- 3 Within the past 5 years (2 years but less than 5 years ago)**
- 4 Within the past 10 years (5 years but less than 10 years ago)**
- 5 10 or more years ago**
- 7 Don't know/Not sure**
- 9 Refused**

**Section 17: HIV/AIDS**

<b>If respondent is 65 years old or older, go to next section</b>
---

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

**I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.**

**17.1. A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. [PROMPT: True or False?] (174)**

- 1 True**
- 2 False**
- 7 Don't know/Not Sure**
- 9 Refused**

**17.2 There are medical treatments available that are intended to help a person who is infected with HIV to live longer. [PROMPT: True or False?] (175)**

- 1 True**
- 2 False**
- 7 Don't know/Not Sure**
- 9 Refused**

**17.3. How important do you think it is for people to know their HIV status by getting tested? (176)**

**Would you say:**

**Please Read**

- 1 Very important**
- 2 Somewhat important**
- 3 Not at all important**

**Do not read**

- 7 Don't know/Not sure**
- 9 Refused**

**17.4. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. [Include saliva tests] (177)**

- 1 Yes**
- 2 No Go to Q17.8**
- 7 Don't know/Not sure Go to Q17.8**
- 9 Refused Go to Q17.8**

**17.5. Not including blood donations, in what month and year was your last HIV test? [Include saliva tests. Interviewer note: If response is before January 1985 code "don't know"] (178-183)**

\_\_\_\_/\_\_\_\_/\_\_\_\_ Code month and year  
 7 7 7 7 7 7 Don't know/Not sure  
 9 9 9 9 9 9 Refused

- 17.6. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test? (184-185)**

**Please Read**

- 01 It was required**
- 02 Someone suggested you should be tested**
- 03 You thought you may have gotten HIV through sex or drug use**
- 04 You just wanted to find out whether you had HIV**
- 05 You were worried that you could give HIV to someone**
- 06 IF FEMALE: You were pregnant**
- 07 It was done as part of a routine medical check-up**
- 08 Or you were tested for some other reason**

**Do not read**

- 7 7 Don't Know/Not Sure**
- 9 9 Refused**

- 17.7. Where did you have your last HIV test—at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else?(186-187)**

- 01 Private doctor or HMO**
- 02 Counseling and testing site**
- 03 Hospital**
- 04 Clinic**
- 05 In a jail or prison (or other correctional facility)**
- 06 Home**
- 07 Somewhere else**

**Do not read**

- 7 7 Don't Know/Not Sure**
- 9 9 Refused**



**17.8 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one. (188)**

**You have used intravenous drugs in the past year  
You have been treated for a sexually transmitted or venereal disease in the past year  
You have given or received money or drugs in exchange for sex in the past year  
You had anal sex without a condom in the past year**

**Do any of these situations apply to you?**

- 1 Yes**
- 2 No**
- 7 Don't Know/Not Sure**
- 9 Refused**

**The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.**

**17.9. In the past 12 months has a doctor or other health professional talked to you about preventing sexually transmitted diseases through condom use?  
(189)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

## **Section 18: Firearms**

**The next three questions are about firearms. We are asking these in a survey on health and health practices because homicide and suicide are among the leading causes of death, and firearms are involved in a majority of these deaths.**

**Please include weapons such as pistols, shotguns, and rifles; but not BB guns, starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.**

**18.1. Are any firearms kept in or around your home? (190)**

- 1 Yes**
- 2 No Go to next section**
- 7 Don't know/Not sure Go to next section**
- 9 Refused Go to next section**

**18.2. Are any of these firearms now loaded? (191)**

- 1 Yes**
- 2 No Go to next section**
- 7 Don't know/Not sure Go to next section**
- 9 Refused Go to next section**

**18.3 Are any of these loaded firearms also unlocked? By "unlocked" we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock. (192)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**WASHINGTON STATE-ADDED QUESTIONS****Section 19: Healthy Days - Health-Related Quality of Life**

Earlier, I asked you to rate your general health as excellent, very good, good, fair, or poor.

**19.1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (231-232)**

- |                     |                            |
|---------------------|----------------------------|
| <u>  </u> <u>  </u> | Number of days             |
| <b>8 8</b>          | <b>None</b>                |
| <b>7 7</b>          | <b>Don't know/Not sure</b> |
| <b>9 9</b>          | <b>Refused</b>             |

**19.2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (233-234)**

- |                     |  |
|---------------------|--|
| <u>  </u> <u>  </u> | Number of days                                     |
| <b>8 8</b>          | <b>None If Q1 also "None", skip to next module</b> |
| <b>7 7</b>          | <b>Don't know/Not sure</b>                         |
| <b>9 9</b>          | <b>Refused</b>                                     |

**19.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (235-236)**

<u>    </u> <u>    </u>		Number of days
8	8	None
7	7	Don't know/Not sure
9	9	Refused

## **Section 20: Suicidal Thoughts**

**20.1. Now, on a different topic: In the past year, did you ever seriously consider attempting suicide?**

1	Yes
2	No
7	Don't know/Not Sure
9	Refused

- 1) The computer program will search the resource list for the respondent's county and display the organization and telephone number for the respondent's county on the question screen.
- 2) The interviewer will give the introduction and ask the question.
- 3) For all respondents who say "yes," the interviewer will say "In case you feel this way again, we have the phone number of a support hotline near you. If you'd like to write this number down, it is \_\_\_\_\_." The interviewing software will supply the correct number based on the respondent's county or ZIP code:
- 4) If the respondent volunteers that he or she is thinking about suicide at this time, the interviewer would immediately stop the survey, signal the Gilmore Call Center Supervisor and say to the respondent "I'm going to ask you to talk with someone who knows more about this than I do. Here is \_\_\_\_\_ (supervisor). I'll be going off the line."
- 5) After the supervisor takes the call, the interviewer would then hang up and complete the administrative codes to close the interview.
- 6) The Call Center Supervisor would take over the call, introduce himself or herself, and explain that the call will be connected to the "Support Hotline." The supervisor will call the hotline number, explain the situation, and connect the respondent to the hotline worker.
  - a) Gilmore Research Group telephone system will be modified so that the supervisor's telephones can transfer calls to the support hotline. Gilmore anticipates that the modification can be made within one to two weeks. Until the modifications are made, the following protocol will be used.
  - b) The Gilmore Call Center Supervisor will ask the respondent's permission to have a staff member from the support hotline call the respondent back.
    - i) If the respondent will not give permission, the Call Center Supervisor would encourage the person to agree to accept a call from the Crisis Center. If the person still does not agree, the Call Center Supervisor would say "You've told me that you are thinking about hurting yourself. I'm really concerned for your safety. If you won't accept a call from the Crisis Center, I'd like to ask the police to come by to check that you are safe."

**Are you sure you won't take a phone call from the Crisis Clinic?" If the person still will not agree to take a call, the Call Center Supervisor would say "I'm going to ask the police to make sure you are safe," stay on the line and ask another supervisor to call the 911 to refer the phone number for a "welfare check" by the local police.**

- ii) If the respondent does give permission, the Call Center Supervisor would call the support hotline from another phone, explain the situation, ask them to call the respondent and get the name of the person who will call back. The Call Center Supervisor would tell the respondent "I want you to hang up now so \_\_\_\_\_ (name of Crisis Hotline staff) can call you. OK? (wait for agreement). I'm going to hang up now."**

- 7) The Call Center supervisor would be available to discuss the call with the interviewer immediately or at a later time. The interviewer may choose to take time to discuss the call right away, to take a break before returning to the call center and/or discuss the call at a later time.**

## **Section 21: Social Capital**

- 21.1. The next questions ask about you and your community. In the past year, did you serve on a committee for a local organization?**

- 1 Yes**  
**2 No**  
**7 Don't know/Not Sure**  
**9 Refused**

- 21.2. In the past year, did you attend a public meeting on a town or school issue?**

- 1 Yes**  
**2 No**  
**7 Don't know/Not Sure**  
**9 Refused**

- 21.3. How many times, if any, did you do volunteer work in the past year? (read responses only if necessary)**

- 1 \_ \_ Times per day**  
**2 \_ \_ Times per week**  
**3 \_ \_ Times per month**  
**4 \_ \_ Times per year**  
**5 5 5 Never**  
**7 7 7 Don't know/Not sure**  
**9 9 9 Refused**

**21.4. How many times, if any, did you entertain people in your home in the past year? (read responses only if necessary)**

- 1 \_ \_ Times per day**
- 2 \_ \_ Times per week**
- 3 \_ \_ Times per month**
- 4 \_ \_ Times per year**
- 5 5 5 Never**
- 7 7 7 Don't know/Not sure**
- 9 9 9 Refused**

**21.5. Generally speaking, would you say that A. Most people can be trusted or B. you can not be too careful in dealing with people?**

- 1 Most people can be trusted**
- 2 Can't be too careful**
- 3 Depends (only if respondent volunteers this)**
- 7 Don't know/Not Sure**
- 9 Refused**

## **Section 22: Heart Attack and Stroke**

**Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke. Which of the following do you think is a symptom of a heart attack? For each, tell me yes, no, or you're not sure.**

**22.1. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack?(279)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**22.2. Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack? (280)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**22.3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?) (281)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**22.4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?) (282)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**22.5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?) (283)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**22.6. (Do you think) shortness of breath (is a symptom of a heart attack?) (284)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**Which of the following do you think is a symptom of a stroke. For each, tell me yes, no, or you're not sure.**

**22.7. Do you think sudden confusion or trouble speaking are symptoms of a stroke? (285)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**22.8 Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke? (286)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**22.9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) (287)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**22.10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) (288)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**22.11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?) (289)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**22.12. (Do you think) severe headache with no known cause (is a symptom of a stroke?) (290)**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**22.13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do?**

**(291)**

**Please Read**

- 1      Take them to the hospital**
- 2      Tell them to call their doctor**
- 3      Call 911**
- 4      Call their spouse or a family member**

**or**

- 5      Do something else**

**Do not read**

- 7      Don't know/Not sure**
- 9      Refused**

### **Section 23: Tobacco Indicators**

**If "yes" to core Q9.1, continue. Otherwise, go to Q23.6**

**Previously you said you have smoked cigarettes.**

**23.1. How old were you the first time you smoked a cigarette, even one or two puffs?**

- —      Code age in years**
- 7 7      Don't know/Not sure**
- 9 9      Refused**

**23.2. How old were you when you first started smoking cigarettes regularly?**

- —      Code age in years**
- 8 8      Never smoked regularly      Go to Q23.6**
- 7 7      Don't know/Not sure**
- 9 9      Refused**

**If "refused to core Q9.2, go to Q23.6**

**If "not at all" to core Q9.2, continue. Otherwise, go to Q23.4.**



**23.3. About how long has it been since you last smoked cigarettes regularly?**

**Read Only if Necessary**

- 0 1 Within the past month (anytime less than 1 month ago)**
- 0 2 Within the past 3 months (1 month but less than 3 months ago)**
- 0 3 Within the past 6 months (3 months but less than 6 months ago)**
- 0 4 Within the past year (6 months but less than 1 year ago)**
- 0 5 Within the past 5 years (1 year but less than 5 years ago) Go to Q23.6**
- 0 6 Within the past 10 years (5 years but less than 10 years ago) Go to Q23.6**
- 0 7 10 or more years ago Go to Q23.6**
- 7 7 Don't know/Not sure Go to Q23.6**
- 9 9 Refused Go to Q23.6**

**23.4. In the past 12 months, have you seen a doctor or other health professional to get any kind of care for yourself?**

- 1 Yes**
- 2 No Go to Q23.6**
- 7 Don't know/Not sure Go to Q23.6**
- 9 Refused Go to Q23.6**

**23.5. In the past 12 months, has a doctor or other health professional advised you to quit smoking?**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**23.6. Which statement best describes the rules about smoking inside your home?**

**Please Read**

- 1 Smoking is not allowed anywhere inside your home**
- 2 Smoking is allowed in some places or at some times**
- 3 Smoking is allowed anywhere inside the home**
- or**
- 4 There are no rules about smoking inside the home**
- Do not read**
- 7 Don't know/Not sure**
- 9 Refused**

**Section 24: Other Tobacco Products**

**24.1. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?**

- 1 Yes**
- 2 No Go to Q24.3**
- 7 Don't know/Not sure Go to Q24.3**
- 9 Refused Go to Q24.3**

**24.2. Do you currently use chewing tobacco or snuff every day, some days, or not at all?**

- 1 Every day**
- 2 Some days**
- 3 Not at all**
- 7 Don't know/Not sure**
- 9 Refused**

**24.3. Have you ever smoked a cigar, even one or two puffs?**

- 1 Yes**
- 2 No Go to Q24.5**
- 7 Don't know/Not sure Go to Q24.5**
- 9 Refused Go to Q24.5**

**24.4. Do you now smoke cigars every day, some days, or not at all?**

- 1 Every day**
- 2 Some days**
- 3 Not at all**
- 7 Don't know/Not sure**
- 9 Refused**

**24.5. Have you ever smoked tobacco in a pipe, even one or two puffs?**

- 1 Yes**
- 2 No Go to next section**
- 7 Don't know/Not sure Go to next section**
- 9 Refused Go to next section**

**24.6. Do you now smoke a pipe every day, some days, or not at all?**

- 1 Every day**
- 2 Some days**
- 3 Not at all**
- 7 Don't know/Not sure**
- 9 Refused**

**Section 25: Colorectal Cancer Screening**

**If respondent 49 years old or younger, go to next section**

**The next few questions ask about cancer screening tests.**

**25.1. Have you ever talked about colorectal cancer screening tests with a health care provider?**

- 1 Yes**
- 2 No**
- 7 Don't Know/ Not Sure**
- 9 Refused**

**25.2. Have you ever talked about colorectal cancer or colorectal cancer screening tests with family members, friends or other acquaintances?**

- 1 Yes**
- 2 No**
- 7 Don't Know/ Not Sure**
- 9 Refused**

**25.3. In the last 12 months, have you seen or heard colorectal cancer or colorectal cancer screening tests mentioned in the mass media? (If needed: Mass media includes film, television, radio, newspapers, magazines, the internet, and direct mailings.)**

- 1 Yes**
- 2 No**
- 7 Don't Know/ Not Sure**
- 9 Refused**

**25.4 Ask 25.4a (never) if response to Q16.1 is "No" (2).**

- a. Earlier, you said that you have never had a blood stool test. What is the most important reason that you have not had a blood stool test?**

Ask 25.4b (past year) if response to Q16.1 is “Yes” (1) and Q16.2 is 2, 3, or 4 (>1 year ago).

- b. Earlier, you said that you have not had a blood stool test in the past year. What is the most important reason that you did not have a blood stool test in the past year?

**DO NOT READ THESE RESPONSES**

- 1 Not recommended by doctor/never suggested
- 2 Not needed/Not necessary
- 3 Never heard of a blood stool test
- 4 Don't know enough about the test/Need more information, etc.
- 5 Cost/Not covered by insurance/Have no insurance
- 6 Lazy, procrastinating—just didn't get around to it
- 7 Too busy, don't have time, no time
- 8 I'm anxious/afraid to get one
- 9 I'm embarrassed/ashamed/it's private
- 10 It's messy/I don't want to do the preparation/It's too much trouble.
- 11 I don't think about colorectal cancer—focus on other diseases/cancers (breast, prostate, etc)
- 12 I only go to a doctor when I'm sick/never go to doctors
- 13 Colorectal cancer is not relevant to me (I'm too old, too young, only men get it, I feel fine, etc.)
- 88 Other (SPECIFY: \_\_\_\_\_)
- 77 Don't know/Not sure
- 99 Refused

25. 5. Ask 25.5a (never) if response to Q16.3 is “No” (2).

- a. Earlier, you said that you have never had a sigmoidoscopy or colonoscopy. What is the most important reason that you have never had a sigmoidoscopy or colonoscopy?

Ask 25.5b (last 5 years) if response to Q16.3 is “Yes” (1) and Q16.4 is 4 or 5 (>5 years ago).

- b. You said that you have not had a sigmoidoscopy or colonoscopy in the last 5 years. What is the most important reason that you did not have a sigmoidoscopy or colonoscopy in the past 5 years?

**DO NOT READ THESE RESPONSES**

- 1 Not recommended by doctor/never suggested
- 2 Not needed/Not necessary
- 3 Never heard of a blood stool test
- 4 Don't know enough about the test/Need more information, etc.
- 5 Cost/Not covered by insurance/Have no insurance
- 6 Lazy, procrastinating—just didn't get around to it
- 7 Too busy, don't have time, no time
- 8 I'm anxious/afraid to get one
- 9 I'm embarrassed/ashamed/it's private
- 10 It's messy/I don't want to do the preparation/It's too much trouble.

- 11 I don't think about colorectal cancer—focus on other diseases/cancers (breast, prostate, etc)
- 12 I only go to a doctor when I'm sick/never go to doctors
- 13 Colorectal cancer is not relevant to me (I'm too old, too young, only men get it, I feel fine, etc.)
- 88 Other (SPECIFY: \_\_\_\_\_)
- 77 Don't know/Not sure
- 99 Refused

## Section 26: Oral Health Questions

If there are no children in the household, go to Q26.4. [If more than one child age 5-12, ask "Think about your child age 5through 12 who had the most recent birthday."]

26.1. During the last 2 years, was there a time when you wanted dental care for your child but could not get it? [Your child age 5-12 who had the most recent birthday]

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

26.2. The last time your child could not get the dental care you wanted for him/her, what were the main two reasons he/she could not get care? [Your child age 5-12 who had the most recent birthday]

- 1 Could not afford it.
- 2 No insurance
- 3 Dentist did not accept Medicaid/ insurance
- 4 Difficulty in getting appointment
- 5 No dentist available
- 6 Didn't know where to go
- 7 No way to get there
- 8 Hours not convenient
- 9 Speak a different language
- 10 Some other reason [Specify: \_\_\_\_\_ ]
- Do not read
- 77 Don't know/Not sure
- 99 Refused

**26.3. Do you have any kind of insurance that pays for some or all of your child's dental care? Include dental insurance through work, purchased directly, as well as other government programs like Medicaid coupons? [Your child age 5-12 who had the most recent birthday]**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**26.4. What language does your family usually speak at home?**

- 1 English**
- 2 Spanish**
- 3 Russian**
- 4 Ukrainian**
- 5 Vietnamese**
- 6 Cambodian**
- 7 Laotian**
- 8 Other [Specify: \_\_\_\_\_]**
- 77 Don't know/Not sure**
- 99 Refused**

## **Section 27: Varicella Zoster Virus**

The next few questions are about varicella zoster virus, the virus that causes chickenpox and shingles.

[CATI insert "have you had " if R is the only person in the household. Insert "how many members of your household have had" if household has more than one member.]

**27.1. In the past 12 months, [have you had/how many members of your household had] chickenpox?**

- — Number**
- 8 8 None Go to Q27.6**
- 7 7 Don't know/Not sure Go to Q27.6**
- 9 9 Refused Go to Q27.6**

[CATI insert "you" if R is the only person in the household. Insert "they" if household has more than one member.]

**How old were [you/they] when [you/they] got chickenpox? [Up to 3 people. If more than 3 add to Q27.5]**

- 27.2.**                     **Oldest person: Age (years)**  
          7 7 7            **Don't know/Not sure**  
          9 9 9            **Refused**
- 27.3.**                     **Next Oldest person: Age (years)**  
          7 7 7            **Don't know/Not sure**  
          9 9 9            **Refused**
- 27.4.**                     **Next Oldest person: Age (years)**  
          7 7 7            **Don't know/Not sure**  
          9 9 9            **Refused**

**27.5. More than 3 people: [Open-ended: List age of each person. For example, "next person age \_\_ \_\_." Code Don't know/Not sure as "next Person age 7 7 7." Code Refused as "next person age 9 9 9."]**

**The next question asks about shingles, which is a recurring form of the chicken pox virus in which an area of the skin is covered with blisters which may be painful.**

**[CATI insert "have you had " if R is the only person in the household. Insert "how many members of your household have had" if household has more than one member.]**

**27.6. In the past 12 months, [have you had/how many members of your household had] shingles?**

- Number**  
8 8 **None Go to Next Section**  
7 7 **Don't know/Not sure Go to Next Section**  
9 9 **Refused Go to Next Section**

**[CATI insert "you" if R is the only person in the household. Insert "they" if household has more than one member.]**

**27.7. How old were [you/they] when [you/they] developed shingles? [If more than 1 person, list age of each person. For example, "next person age \_\_ \_\_"]**

- .**                         **Age (years)**  
          7 7 7            **Don't know/Not sure**  
          9 9 9            **Refused**

**Section 28: Fish Consumption**

Now I'd like you to think about your consumption of canned tuna and other store bought fish.

**28.1. How often do you eat canned tuna?**

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
- 5 5 5 Never eat canned tuna [Skip to Q28.3]
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

**28.2. When you eat canned tuna, about how much of a standard 6 oz. can do you usually eat per sitting?**

- 1 1/4 can
- 2 1/3 can
- 3 1/2 can
- 4 2/3 can
- 5 3/4 can
- 6 1 (whole) can
- 8 Other (specify)
- 7 Don't know/Not sure
- 9 Refused

**28.3. Not including canned tuna and shellfish such as crab, clams, and shrimp; how often do you eat store bought fish either fresh or frozen including fish items such as fish sticks?**

- 1 \_ \_ Times per day
- 2 \_ \_ Times per week
- 3 \_ \_ Times per month
- 4 \_ \_ Times per year
- 5 5 5 Never eat store-bought fish, fresh or frozen
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

(If there are no children in the household age 0-4, skip to Q28.7). [You indicated previously that you have a child/children less than five years old.] [If more than one child under age 5, ask] Think about your child under age 5 who had the most recent birthday.



**28.4. How often does this child eat canned tuna? (Include meals eaten at home, at day care, or other locations.)**

- 1 \_ \_ Times per day**
- 2 \_ \_ Times per week**
- 3 \_ \_ Times per month**
- 4 \_ \_ Times per year**
- 5 5 5 Never eats canned tuna [Skip to 28.6]**
- 7 7 7 Don't know/Not sure**
- 9 9 9 Refused**

**28.5. When this child eats canned tuna, about how much of a standard 6 oz. can do they usually eat per sitting?**

- 1 1/4 can**
- 2 1/3 can**
- 3 1/2 can**
- 4 2/3 can**
- 5 3/4 can**
- 6 1 (whole) can**
- 8 Other (specify)**
- 7 Don't know/Not sure**
- 9 Refused**

**28.6. Not including canned tuna and shellfish such as crab, clams, and shrimp; how often does this child eat store-bought fish, either fresh or frozen, including fish items such as fish sticks?**

- 1 \_ \_ Times per day**
- 2 \_ \_ Times per week**
- 3 \_ \_ Times per month**
- 4 \_ \_ Times per year**
- 5 5 5 Never eats store-bought fish, fresh or frozen**
- 7 7 7 Don't know/Not sure**
- 9 9 9 Refused**

**28.7. Have you read, seen, or heard of any official advice about eating sport-caught or store-bought fish? This does not include advice about eating shellfish such as crab, clams, and shrimp.**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**Section 29: Workers Compensation Coverage**

If the answer to Q 12.12 (employment) is (3) Out of work for more than a year, (8) Unable to work, or (9) Refused, then Go to next section.

The next few questions are about work-related injuries and illness. These are questions about injuries suffered while on the job or illnesses related to your work. Please remember that your answers are strictly confidential. Individual responses will not be shared with anyone.

If the answer to Q 12.12 (employment) is

(1) Employed for wages, (2) Self-employed, or (4) Out of work less than a year then Go to Q 29.2.

(5) Homemaker, (6) Student, or (7) Retired, then begin at Q29.1.

**29.1. During the past twelve months, have you been employed for any period of time, either part time, full time or self-employed?**

- 1 Yes**
- 2 No Go to next section**
- 7 Don't know/Not Sure Go to next section**
- 9 Refused Go to next section**

**29.2 In the past 12 months, have you been injured while performing your job, OR has a doctor or other medical professional told you that you have a work-related illness?**

- 1 Yes**
- 2 No Go to next section**
- 7 Don't know/Not Sure Go to next section**
- 9 Refused Go to next section**

**29.3. Who paid for your treatment?**

- 01 Workers' compensation or L&I. Go to next section**
- 02 Private Insurance**
- 03 Medicare, Medicaid or Uniform Medical Plan**
- 04 Indian Health Service/Alaska Native Health Service**
- 05 The military, Veterans Administration or Champus. Go to next section**
- 06 Federal government (OWCP program) . Go to next section**
- 07 You or your family; out of pocket**
- 08 Your employer through a workers' compensation claim**
- 09 Your employer without a workers' compensation claim or through on-site medical treatment**

- 10 The union
- 11 Other source [Specify: \_\_\_\_\_]
- 12 Claim filed, still in process or not resolved
- Do not read these responses
- 88 No one paid; no treatment
- 77 Don't know/not sure. Go to next section
- 99 Refused. Go to next section

**29.4 Why was the treatment for your work-related injury or illness not paid for by workers' compensation?**

- 01 Did not know I could file a claim.
- 02 Doctor did not want to file a claim
- 03 I did not want to file a claim because I was worried about retaliation
- 04 I did not want to file a claim for other reasons, nonspecific
- 05 Rejected Workers' Compensation claim
- 06 Employer paid for treatment
- 07 Other reason \_\_\_\_\_
- Do not read these responses
- 88 No reason given
- 77 Don't Know/Not Sure
- 99 Refused/ Go to next Section

**Section 30: Family Violence**

The next few questions are about abuse that may have happened to you as a child, before you were 18. Although these questions are about your childhood, if I learn about child abuse or neglect that may be happening now to someone under 18, I have to report it to Child Protective Services. With this one exception, your answers are confidential. You don't have to answer a question if you don't want to and you can stop the interview at any time.

**30.1. Before you were 18, was there any time when you were punched, kicked, choked, or received a more serious physical punishment from a parent or other adult guardian?**

- 1 Yes
- 2 No Go to Q30.4
- 7 Don't know/Not sure Go to Q30.4
- 9 Refused Go to Q30.4

**30.2. How many times did this happen? Would you say . . . Please Read**

- 1 Once**
- 2 Two to five times**
- 3 Six to nine times**
- 4 Ten or more times**
- Do Not Read**
- 7 Don't Know/Not Sure**
- 9 Refused**

**30.3. Who did this to you -- what relationship did this person have to you? (If more than one person, code "other" (10) and indicate all of the relationships.)**

**Read if necessary.**

- 01 Father**
- 02 Mother**
- 03 Stepfather**
- 04 Stepmother**
- 05 Mother's boyfriend**
- 06 Father's girlfriend**
- 07 Grandparent**
- 08 Another adult who was related to you**
- 09 An adult who was not related to you**
- 10 Other (Specify: \_\_\_\_\_)**
- Do Not Read**
- 77 Don't know/Not Sure**
- 99 Refused**

**30.4. Before you were 18, did anyone ever touch you in a sexual place or make you touch them when you did not want them to?**

- 1 Yes**
- 2 No *Go to Q30.7***
- 7 Don't know/Not sure *Go to Q30.7***
- 9 Refused *Go to Q30.7***

**30.5. How many times did this happen? Would you say . . . Please Read**

- 1 Once**
- 2 Two to five times**
- 3 Six to nine times**
- 4 Ten or more times**
- Do Not Read**
- 7 Don't Know/Not Sure**
- 9 Refused**

**30.6. Who did this to you -- what relationship did this person have to you? (If more than one person, code "other" (13) and indicate all of the relationships.)**

**Read if necessary**

- 01 Father**
- 02 Mother**
- 03 Stepfather**
- 04 Stepmother**
- 05 Mother's boyfriend**
- 06 Father's girlfriend**
- 07 Brother**
- 08 Sister**
- 09 Grandparent**
- 10 Another adult who was related to you**
- 11 An adult who was not related to you**
- 12 A friend or someone you were dating**
- 13 Other (Specify: \_\_\_\_\_)**
- Do Not Read**
- 77 Don't know/Not Sure**
- 99 Refused**

**30.7. As a child, did you ever see or hear one of your parents or guardians being hit, slapped, punched, shoved, kicked, or otherwise physically hurt by their spouse or partner?**

- 1 Yes**
- 2 No**
- 7 Don't know/Not sure**
- 9 Refused**

**30.8. Since you were 18, has anyone ever forced you to participate in a sex act against your will?**

- 1      Yes**
- 2      No**
- 7      Don't know/Not sure**
- 9      Refused**

**Now I'd like to ask you some questions about your relationships with current or former intimate partners. An intimate partner is a current or former husband, wife, boyfriend, girlfriend, or dating partner.**

**30.9 In the past 12 months, did an intimate partner push, hit, slap, kick, choke or physically hurt you in any other way?**

- 1      Yes**
- 2      No**
- 7      Don't know/Not sure**
- 9      Refused**

**30.10 In the past 12 months, did an intimate partner limit your activities, threaten you or make you feel unsafe in any other way?**

- 1      Yes**
- 2      No**
- 7      Don't know/Not sure**
- 9      Refused**

**If NO to 30.8 and 30.9 *Go to Closing Comment.* If YES to either 30.8 or 30.9, ask 30.11**

**30.11 Now I have a question about your relationship with the person who hurt you or made you feel unsafe. What relation did this person have to you?**

**IF MORE THAN ONE PERSON, CODE "OTHER" (9) AND INDICATE ALL OF THE RELATIONSHIPS.**

**Spouse: Probe for "current," "divorced," or "separated."**

- 01 Current spouse**
- 02 Divorced spouse**
- 03 Separated spouse**

**Boyfriend/Girlfriend: Probe for "current" or "former."**

- 04 Current boyfriend**
- 05 Former boyfriend**

**06 Current girlfriend**

**07 Former girlfriend**

**08 Date**

**09 Some other relationship(s)(Specify: \_\_\_\_\_)**

**Do Not Read**

- 77 Don't know/Not sure**
- 99 Refused**

**Closing comment: These issues are sometimes difficult and uncomfortable to talk about. I really appreciate your answering them. If you or anyone you know is ever in immediate danger, they can call 911 or the local police. There is also a confidential, multilingual hotline to help anyone who is being hurt or threatened by an intimate partner. The hotline's number - if you'd like to write it down - is**

**1-800-562-6025.**

**[IF NEEDED: The Department of Social and Health Services operates the hotline.] You can also find the number in the telephone book in the State Government section under**

**"Abuse/Assault, Domestic Violence Hotline."**

### **Closing Statement**

**That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.**